



New Jersey Office of the Child Advocate Newsletter

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Gaps in Mental Health Care for Kids Slated for Reform

In May, the Office of the Child Advocate concluded a seven-month investigation into conditions of care at the Arthur Brisbane Child Treatment Center (Brisbane), issuing a public report that documented extensive gaps in care for some of the State's most vulnerable adolescents.

What began as a facility specific inquiry based on community concerns for child safety at Brisbane, expanded to include an examination of the State's broader system of mental health service delivery for children.

Interviews, site inspections, treatment records and personnel file reviews led us to conclude that Brisbane had failed to provide high quality and cost effective mental health services to children.

We also concluded that the State's overall mental health system for children is fragmented and does not provide a full continuum of care.

The investigation found a myriad of issues with Brisbane. During our look-back, the facility consistently operated over-census and was crowded.

Many children were found to cycle in and out of Brisbane, which draws into question the mental health system's efforts to stabilize children.

Therapeutic programming at Brisbane

was suboptimal, involving not more than one hour of individual therapy per child per week.

The facility offered minimal group therapy sessions or recreational activities, and a system for conducting family therapy that managed to only include 50 percent of the patients' families.

At its most basic level, Brisbane's physical plant is unsafe due to its age, poor physical layout and condition.

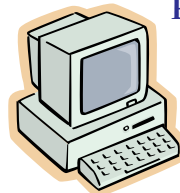
Despite the fact that 79 percent of the children admitted to the facility are suicidal or have a history of self destructive behavior, suicide risks are pervasive in the bedrooms, bathrooms and common areas.

During the investigation, we realized that

SEE BRISBANE ON PAGE 3



Primary Brisbane Investigators Keri Logosso, Esq.
and Jonathan Sabin, LSW



**READ THE FULL
BRISBANE
REPORT
ONLINE**

<http://childadvocate.nj.gov>

From the Child Advocate



Twenty-three years ago this Fall, I was sitting in a high school English class when Brother Regis Moccia handed me a copy of the book that is still my favorite read: Harper Lee's *To Kill A Mockingbird*. The story emerges through the eyes of two children, Jem and Scout, who live in Depression-era Alabama.

A local judge appoints their father, Atticus Finch, as the public defender for a black man wrongly accused of beating and raping a young white woman. Atticus does not hesitate to accept the appointment, but the unpopularity of his client puts the Finches in grave danger.

Atticus, though, is undeterred. He is a man willing to defend innocence in large and small ways. One day, for instance, while Jem and Scout are playing outside, Atticus tells them to stop aiming their air guns at the mockingbirds because, he warns, it is wrong to kill a mockingbird.

A neighbor joins in, "Your father's right. Mockingbirds don't do one thing but make music for us to enjoy. They don't eat up people's gardens, don't nest in corncribs, they don't do one thing but sing their hearts out for us. That's why it's a sin to kill a mockingbird."

As the story unfolds, Atticus' masterful cross-examinations and closing argument are not enough to

save his client from a racist jury.

Panicked, the wrongly-convicted man tries to flee and is killed by the police. Thus, one of Lee's mockingbirds dies.

I reflect on that caution - it's wrong to kill a mockingbird - not to be sentimental, but rather to suggest we should judge our society by how we treat the least amplified and least powerful voices; in other words, by how we treat our children.

A juvenile detention system that warehouses mentally ill children in secure lock-up is a reflection of you and me.

A juvenile justice system that swells with poor children and youth of color is a reflection of you and me.

A child welfare system where kids starve is a reflection of you and me.

Programs that hobble developmentally disabled children in restraints for so long their bodies give way and die are reflections of you and me.

Atticus Finch could not have welcomed the assignment to defend Tom Robinson, yet he accepted it without hesitation.

The task required him to challenge the comfortable myths of rural southern life, made him enemies and put his family in jeopardy.

And in the end, Atticus' defense did not save his client's life nor conquer racism. But as a reflection of you and me, it proved that nobility comes in the moment we transcend that which divides us and defend our fellow human being.

Our calling is this: that we not let the mockingbird fall into that good night without putting up the fight of our lives and in so doing, redeem, even if just a little, the civility and decency of our times.

Never doubt your ability to wage this fight.

Draw inspiration from the children whose lives you have already touched.

Think of the developmentally disabled child they said would not walk, who now skips; they said would not talk, and now sings.

Recall the sexual abuse victim who learns to trust once again in your gentle care.

Remember the shy kid who sat the bench in little league until you came along and taught him how to hold the bat, how to adjust his stance and how to slide to second.

And think of the unwanted children you have welcomed into your homes and loved.

Think to your own children and grandchildren, nieces and nephews; the kid who bags your groceries or delivers your paper; all the little voices that sing a bit louder just because you are in their lives.

Savor the magic and the miracle of who you are in their lives.

**"Draw inspiration
from the children
whose lives you have
already touched."**

Let that awareness fill you with a rightful sense of power that magnifies your ambition to touch the lives of those kids we call unreachable or lost.

If we are going to save our kids from guns, gangs, bullets, bullies, abuse and neglect, our army must be vast, loving and inspired.

So the next time someone puts a child in their crosshairs, stand between them and their target, and set that mockingbird free.

Kevin M. Ryan

FOCUS: Educational Services to Vulnerable Youth



There are few things more important to our children than a high quality education. Education serves as the foundation for life-long learning, meaningful employment, informed civic participation and responsible adulthood.

This is especially true for the many children who, for one reason or another, find themselves in the care of the State.

Unfortunately, however, many children placed in foster care, group homes, residential treatment centers

and juvenile justice programs experience failure and drop out before achieving success in school.

Too often, this failure is due not simply to problems associated with poverty, but to systemic barriers that impede access to appropriate educational programs and services.

For example, current policies and practices can result in the unnecessary disruption of a student's education when he or she is placed in a residential program outside of his or her home district.

Problems with interagency communication and planning may cause

long delays in enrollment or a denial of needed programs and services.

To eliminate these barriers and improve the educational opportunities available to children in the custody of the State, we plan to investigate educational services offered to these children and to identify systemic problems that prevent children from receiving the educational services they need and to which they are entitled.

To lead this effort, the Office recently hired David R. Giles, Esq., who serves as our Education Counsel.

David has recently worked in private practice representing parents and students in a variety of school related matters and part-time as Staff Attorney for Advocates for Children of New York, Inc.

Prior to that, David was a senior attorney at the Education Law Center in Newark, New Jersey, where he represented indigent parents and students in special education, school discipline and school residency matters throughout New Jersey.

His career has focused in part on impact litigation and education issues related to children with disabilities and children involved in the juvenile justice system.

With the help of David's experience and work, the Office plans to recommend effective strategies for tracking education outcomes for children in State care, improving interagency communication, planning and collaboration, and ensuring the availability of appropriate programs and services.

BRISBANE / CONTINUED FROM PAGE 1

the utility of Brisbane could not be evaluated in isolation from New Jersey's broader mental health system.

Indeed, a pivotal mandate arising from prior Brisbane litigation required New Jersey to develop the community-based capacity to provide a true continuum of care for children.

When the Public Advocate was abolished in 1994, its groundbreaking litigation reforms were orphaned and the State did not develop that continuum.

Throughout Calendar Year 2003, the vast majority of youth at Brisbane were designated as Conditional Extension Pending Placement (CEPP), which is the legal classification applied to youth who no longer meet the standard of dangerousness required for civil commitment to a psychiatric hospital. Yet they remained confined at the facility.

As best stated in New Jersey Protection and Advocacy's 1999 Report, "A Review of the Care and Treatment Provided by New Jersey's Arthur Brisbane Child Treatment Center," "[b]ehind the questions of whether Brisbane should be closed, or whether Brisbane can be fixed to continue to serve the severely mentally ill adolescents who need long-term psychiatric inpatient care, hides the fundamental issue of the *de facto or real role of Brisbane to house the much larger group of adolescents who no longer need commitment but have no where else to go.*" (emphasis added)

In May, the State announced the Arthur Brisbane Child Treatment Center is scheduled for closure in December of 2005.

Moreover, the Department of Human Services has agreed to make changes to the children's mental health system, in order to make it as safe as possible (see timeline).

The Office of the Child Advocate will monitor Brisbane and the Department of Human Services' efforts to improve child safety and the provision of appropriate care and treatment to our young people.

Government Action Steps	Timeline
Build more community supports to provide less restrictive alternatives to Brisbane	Ongoing during 2004 and 2005
Phase out admissions of children into Brisbane under the age of 14	By December 31, 2004
Phase out admissions of youth into Brisbane with delinquency adjudication	By December 31, 2004
Closure of Arthur Brisbane Child Treatment Center	By December 31, 2005

First Assistant Jennifer Velez: Child Advocacy is a national movement



The creation of New Jersey's Office of the Child Advocate brings our state into the company of 27 others with child advocate or ombudsmen offices.

This national movement recognizes the need to ensure that the public agencies serving children and their families are held accountable – for their actions, for their inaction, for their priorities and for their decisions.

In New Jersey, this need was highlighted by the tragedies that had befallen our child welfare system in 2003, and the settlement of a class action lawsuit filed four years earlier against the State and its child welfare agency.

Not since the days of New Jersey's Public Advocate has there been an independent advocacy entity charged with being a watchdog of sorts, in this instance, to government's responses to children in its care.

As the "new kid on the block," the New Jersey Office of the Child Advocate has learned much from the work of other independent watchdog offices in other states, some of which are akin to our own Office, empowered

with very broad authority and charged with ensuring that both systemic deficiencies and individual complaints are investigated and resolved.

Others are true ombudsman offices, which function generally to assist the public in navigating and resolving questions and complaints about state child welfare agencies.

Both serve invaluable roles in assisting the public to understand the system that cares for children whose life circumstances have involved some level of government intervention and care.

One pioneering office is Rhode Island's Office of the Child Advocate, established in January 1989, which served as a statutory model for New Jersey's legislation.

Among its many hallmarks, Rhode Island's Office of the Child Advocate was particularly successful in litigating a matter that ultimately ensured that children are no longer subject to multiple night-to-night placements – a common and incredibly disruptive practice in Rhode Island for far too long.

Similarly impactful is Connecticut's Office of the Child Advocate, which continues to closely monitor the implementation of corrective action steps to ensure that children placed in its juvenile training school are safe.

These accomplishments are real – and were the result of steadfast commitment and rigorous advocacy.

For New Jersey, that means, for example, examining the conditions of care for children in overcrowded detention centers.

It also means assessing the delivery of mental health care to children, monitoring and evaluating the State's response to allegations of abuse and neglect at our State-run facilities, and assisting children and families who call our office for help in navigating these systems.

Most fundamentally, every Office of the Child Advocate – no matter the geography or political climate of its home state, shares the same goal: to create public accountability for children and families.

The implementation of that goal; the problems each state's child welfare system uniquely faces; the public support for enacting real change for its children – these are the challenges that confront every Child Advocate Office.

For more information on the nation's Child Advocate Offices, visit the American Bar Association Web site: ABAnet.org/child/links.html.

Jennifer Velez, Esq.

Enrollment Reform in the Works for NJ FamilyCare

Despite launching one of the most far-reaching public child health insurance programs in the country in 1998, the New Jersey Department of Human Services (DHS) reported on September 14, 2004 that only 59.1 percent (100,271 children) of all eligible children (estimated by DHS at 169,710) have been enrolled in the NJ FamilyCare program.

One of the most obvious hurdles to enrollment is the NJ FamilyCare application process. The length of the 12-page application form, and the burdensome, lengthy and bureaucratic enrollment process are barriers to ensuring that our children are covered.

As of July 3, approximately 16,831 children's applications for NJ FamilyCare were in limbo because DHS required additional "missing information," such as parents' signatures, copies of expired health insurance policies, copies of monthly alimony checks, tax returns, pay stubs, or childcare receipts.

In just a five day period the week of

July 10, the state sent letters to 5,739 applicants advising them their applications would not be processed pending the submission of additional information.

This summer, Senator Joseph Vitale and Assemblyman Dr. Robert Morgan convened a child health working group with the Office of the Child Advocate, the Council of Teaching Hospitals, Legal Services of New Jersey, the Association for Children of New Jersey and government stakeholders to develop legislative solutions to the barriers that continue to plague this most promising program.

The fruits of this effort are expected to be unveiled this winter when legislation is introduced by Senator Vitale and Dr. Morgan to reign in the enrollment bureaucracy and create a system that ensures that all eligible children receive the health care promised by NJ FamilyCare.

Stay tuned to our Web site for more details and to learn how you can support this reform.

Office Announces Director of Litigation



Prior to joining the Office of the Child Advocate as the Director of Litigation in September, John A. Ducoff, Esq. practiced law in the Newark office of Latham & Watkins LLP.

John's practice focused on complex litigation and internal investigations. While at the law firm, John assisted the Office of the Child Advocate when Latham & Watkins was retained as *pro bono* special counsel for the Office's Jackson Investigation.

John also served as counsel in *M.B. v. Quarantillo*, 301 F.3d 109 (3d Cir. 2002), a matter in which he represented a 17-year-old immigration detainee *pro bono* in an effort to obtain a visa based on being a victim of abuse and neglect.

As a result of his significant contributions to the firm's *pro bono* program and Child Refugee Project, John was chosen to serve as the New Jersey office's first representative on the Latham & Watkins' *pro bono* committee.

John received his undergraduate degree from Rutgers College and his law degree from Rutgers University School of Law - Camden. John clerked for the Honorable Erminie L. Conley, P.J.A.D. and the Honorable James R. Zazzali, Associate Justice, New Jersey Supreme Court.

John is a member of the Bar of the State of New Jersey, the United States District Court for the District of New Jersey and the Third Circuit Court of Appeals. John is also an adjunct professor at the Seton Hall University School of Law.

Board of Advisors

On the first anniversary of the creation of the Office of the Child Advocate, we are pleased to announce the formation of our Board of Advisors.

Its charge includes providing this agency with the wisdom and advice of prominent New Jersey child advocates during a formative season.

The Board of Advisors is not a governance body, but is comprised of experienced advocates for children from the fields of law, government, juvenile justice, child welfare, public health and services for children with special needs.

The Board will meet quarterly with the senior staff of the Office of the Child Advocate to discuss the office's projects and provide advice on the design and implementation of our efforts to advance the safety, health and well-being of children.

Annie Armstrong-Coben, M.D.

Covenant House New Jersey

Honorable Frank J. Blee

New Jersey General Assembly, District 2

Dean Mary Edna Davidson, Ph.D.

Rutgers University School of Social Work

John J. Farmer, Esq.

Former Attorney General of New Jersey

John V. Jacobi, Esq.

Seton Hall University School of Law

Robert Johnson, M.D.

UMDNJ and the New Jersey Child Welfare Panel

Honorable Thomas H. Kean, Jr., Ph.D.

New Jersey State Senate, District 21

Marlene Laó-Collins

New Jersey Catholic Conference

Mary G. Leary, Esq.

National Center for the Prosecution of Child Abuse

Lawrence S. Lustberg, Esq.

Gibbons, Del Deo, Dolan, Griffinger & Vecchione

Honorable Robert L. Morgan, M.D.

New Jersey General Assembly, District 12

Ginger Mulligan

Monmouth County Mental Health Association

Yvonne Smith Segars, Esq.

Public Defender of New Jersey

Deborah Spitalnik, Ph.D.

Boggs Center at UMDNJ

Bruce Stout, Ph.D.

Violence Institute at UMDNJ

Stanley Van Ness, Esq.

Former New Jersey Public Advocate and Public Defender

Honorable Joseph F. Vitale

New Jersey Senate, District 19

Scott Louis Weber, Esq.

Latham & Watkins, LLP

Honorable Loretta Weinberg

New Jersey General Assembly, District 37

Cecilia Zalkind

Association for Children of New Jersey



New Jersey Health: Childhood Lead Poisoning

Many people may be surprised to learn that lead poisoning is one of the most serious environmental threats to children's health in the United States. The Centers for Disease Control and Prevention estimate that one out of every 20 U.S. children suffers from lead poisoning.

Lead, while poisonous to all living beings, is particularly dangerous to unborn babies and children under six years old because it disrupts cellular activity in the brain and developing organs, including the nervous system.

Lead poisoning can cause learning disabilities, behavioral problems, hyperactivity, hearing impairment, mental retardation, seizures, coma and even death. Unlike many childhood illnesses, lead poisoning often occurs with no obvious symptoms and frequently goes unrecognized.

A child can have lead poisoning and not look or act sick, while other children may feel tired, have no appetite, or have headaches and stomach aches. A blood test is the only way to tell if a child has lead poisoning.

Children are most commonly exposed to lead by ingesting dust from lead-based paint that is deteriorating or that is disturbed during repainting or remodeling. Older homes and schools tend to be the biggest culprits.

New Jersey contains nearly one million housing units built before 1950, placing our children at particularly high risk for lead exposure and poisoning. Invisible dust from lead-based paint gets on children's clothes, and the ground, and then on children's hands, and into their mouths.

Indeed, one of the factors that puts children under age six at particularly high risk of being lead poisoned is youngsters' tendency to put their hands or other objects into their mouths.

While all children are at potential risk of lead exposure, the risk is higher for low-income and minority children. Children of some racial and ethnic groups living in older housing are disproportionately affected by lead.

The good news is that lead poisoning is entirely preventable. The key is to stop children from coming into contact with lead, ensure proper nutrition and treat children who have been poisoned by lead.

Lead hazards in a child's environment must be removed. Public and health care professionals must be educated about lead poisoning and the importance of screening, treatment, and prevention. Children need to be tested for lead poisoning and treated accordingly.

Lead Poisoning Awareness Week
October 24-30

Parents, Caregivers and Advocates: What YOU can do to reduce blood lead levels

Ask a doctor to test your child for lead poisoning.

Provide your child with a diet high in calcium, iron, and Vitamin C and low in fat. To some extent, good nutrition can offset the effects of exposure to lead. Foods high in calcium (milk, cheese, yogurt) and iron (beef, raisins, peanut butter and green leafy vegetables) can decrease the absorption of lead by the body. To maximize the benefits of iron, couple it with foods high in Vitamin C (fruits such as orange, grapefruit and tomatoes).

Talk to your state or local health department about testing paint and dust from your home for lead if you live in a house or apartment built before 1978, especially if young children live with or visit you.

Damp-mop floors, damp-wipe surfaces and frequently wash a child's hands, pacifiers, and toys to reduce exposure to lead.

Use only cold water from the tap for drinking, cooking, and for making baby formula. Hot water is more likely to contain higher levels of lead. Most of the lead in your household water usually comes from the plumbing, not from the local water supply.

Avoid using home remedies (such as arzacon, greta, pay-loo-ah) and cosmetics (such as kohl) that contain lead.

Urge local health and education officials to participate in lead abatement programs for housing and elementary schools.

Consult with local officials to have the soil and water in playgrounds and schools tested by professionals.

Visit www.scorecard.org to find out about environmental hazards in your community.

Call the National Lead Information Center at 1-800-424-LEAD (5323) for more information about lead poisoning prevention.



What Does a CASA Volunteer Do?

A Court Appointed Special Advocate (CASA) is a trained citizen who is appointed by a judge to represent the best interests of a child in court. Children helped by CASA volunteers are those who have been removed from their homes because of abuse or neglect.

A CASA volunteer provides a judge with a carefully researched background of the child to help the court make a sound decision about the child's future. The CASA volunteer then recommends if it is in the best interest of the child to remain in foster care, to return to his or her parent/guardian, or be freed for adoption. CASA volunteers follow through on the case until it is permanently resolved for the child.

CASA volunteers investigate cases by speaking with the child, parents, family members, social or case workers, school officials, health providers and others who are knowledgeable about the child's history. The CASA volunteer also reviews all records pertaining to the child

(school, medical and caseworker reports).

CASA volunteers differ from caseworkers and attorneys because a CASA volunteer has only one case at a time and concentrates primarily on the child. CASA volunteers do not provide legal representatives, they simply speak of the child's best interests.

Volunteer applicants must demonstrate an interest in children, their rights and special needs. Applicants must also be at least 21 years of age, and pass all appropriate screening and testing (see below for Steps to Become a CASA Volunteer in New Jersey).

Once an applicant is sworn in as a CASA volunteer, the new volunteer has several new responsibilities with their assigned case.

Each volunteer is required to commit to serve at least one year, which could vary from 3 to 20 hours a month of work on the case.

Volunteers must periodically visit with the child or children involved in their case, as well as maintain a complete and legible case file. Volunteers are required to maintain strict confidentiality in regards to their case.

-Taken from CASAofNJ.org and other local programs sites

SPOTLIGHT: Court Appointed Special Advocates of New Jersey

Ester & Miriam: CASA Team

Ester Jennis and Miriam Slipowitz have worked together for the Court Appointed Special Advocates of New Jersey in Essex County for seven years. Together, they discovered as retired educators they could still act as advocates for children in the State.

Over the years working together, Ester and Miriam have taken on long-term, complicated cases working towards better outcomes for the children they represent. This CASA team deals with a range of issues on a daily basis, from abuse and neglect cases to the immigration status of the children.

Ester and Miriam speak to the children involved in their cases often, and visit with each of them, who are usually in different placements, at least once a month. They both attend any hearings with the children, and maintain a close relationship with the family court judges in Essex County.

CASA volunteers generally handle only one case at a time, which Ester and Miriam say gives them the ability to do things for the children that perhaps other advocates for the children simply cannot. "We feel like we have made a very big difference for these children."

Steps to Become a CASA Volunteer in New Jersey:

(1) Contact your local CASA program by county/vicinage and ask to have an information packet sent to you. Contact information is available at CASAofNJ.org

(2) Once you are well-informed about the local program, you can set up an interview with the local program and go through the interview process. (CASA welcomes volunteers of all educational and professional backgrounds.)

(3) Once accepted to the local CASA program, each new volunteer is required to participate in a 30-hour training, as well as run through a national finger print check.

(4) New CASA volunteers are sworn in by a judge and assigned cases by their local program.

For more information, log on to CASAofNJ.org





**1-877-
KIDSVOICE**
(1-877-543-7864)

**Monday - Friday
9am-8pm**

**COMING NOVEMBER
2004:**

KIDSVOICE will be live
24 hours a day, 7 days a week

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KidsVoice

The Office of the Child Advocate has received over 800 calls and each day the KidsVoice staff faces some of the most challenging child welfare cases in the state of New Jersey.

Consider our work on behalf of Molly,* a 16-year-old foster child.

Molly's parents' rights had been terminated, and Molly had been shuffled from one foster placement to another, none of them enduring.

A friend of Molly's biological mother contacted KidsVoice and told KidsVoice about Molly's plight - that she was extremely unhappy and had not been a part of a real family nearly her entire life.

This family, the Watsons,* wanted to take care of Molly, and Molly wanted to live with them.

Prior to contacting KidsVoice, the Watsons had contacted Molly's caseworker and others at the Division of Youth and Family Services (DYFS), and expressed their desire to have Molly live with them.

But four months had passed and Molly was still not with the Watsons.

The KidsVoice staff began communicating regularly with the Watsons and developed a plan of action with DYFS to achieve a permanency goal for this abandoned teen.

The Office partnered with other departments and agencies in the State and opened the lines of communication to move Molly's case swiftly to a permanency plan.

Ultimately, we were able to foster Molly's final placement with the Watsons, who now are pursuing legal custody of Molly.

About a month after we learned about Molly, she called to thank our staff for our advocacy. She said she was writing poetry in a park, and finally felt like she had a home.

KidsVoice continues to encourage you to be a voice for New Jersey's most precious resource, our children.

**Names have been changed*